

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12			1			
13			1			
14			1			
15			1			
16			1			
17			1			
18			1			
19			1			
20			1			
21			1			
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49						
50						
TOTAL IND.	2	1	2	1		
TOTAL DEP.	21	1	20	1		
TOTAL CLAIMS	23	22	22	22		

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
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99						
100						
TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			1			